

Locked Up, Alone & Mentally III: Solitary Confinement in Ohio

Ohio Prisons: Not What You Think

Of those incarcerated in Ohio's prisons:

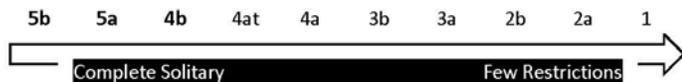
- 80 percent have a documented history of alcohol and/or drug abuse¹
- 41 percent have been convicted of low-level offenses²
- 25 percent did not break the law, they broke a probation rule³

Our addiction to incarceration has reached unprecedented levels. Ohio is one of the top 10 prison states in the country, and its prisons are more than 30 percent overcrowded.⁴

If we know that investments in education, public assistance, infrastructure, and economic opportunities help everyone succeed, then why does so much of our funding go to prisons? It's much cheaper to keep people out of prison.

Ohio Can't Hide Its Solitary Confinement

Although the Ohio Department of Rehabilitation and Correction calls it restrictive housing, we know it simply as solitary confinement. Since 2012, Ohio has operated a tiered system in which prisoners are assigned a level ranging from 5b down to 1. Levels 5b, 5a, and 4b are solitary confinement. The conditions are so incredibly isolating it allows for a transition period from solitary confinement to the general prison population—4a and below.



The theory behind this tiered system is that individuals can move to lower security levels to enjoy more

privileges like out of cell time, recreation with others, and more programming. **If someone is classified as 5b, it will be two years before they can be with other people—that's under the best of circumstances.** A recent review of data at the Ohio State Penitentiary shows that only a little more than half of those in solitary confinement increased their privileges within two years.

Semantics mean little when your life is essentially lived inside a small cage, sometimes for five years or more.

Solitary is NOT Rehabilitative

Imagine spending 23 hours a day locked inside a room the size of a parking space. You eat three times a day inside your room. Phone calls and family visits (no physical contact) are limited, if at all. The one hour outside your room is spent in a recreational cage the size of a walk-in closet, alone. Reading material and television access is limited. This is solitary confinement in Ohio prisons.

People placed in solitary confinement exhibit chronic depression, paranoia, difficulties with concentration and memory, and irrational rage.⁵ These effects are exacerbated even further for people with mental illness. Self-mutilation is a common practice, and inmates placed in solitary have a higher rate of suicide.⁶

The U.S. Supreme Court and almost all international human rights groups and medical professionals say **solitary confinement is akin to physical and mental torture.**⁷

Locked Up, Alone & Mentally III

Too few community mental health resources make it likely that people with a mental illness will find their way to prison where there are even fewer resources; we see this in Ohio where 19 percent of Ohio's prison population is on the mental health caseload.⁸

¹ Testimony at Law Enforcement Perspectives on the Drug Epidemic and Its Impact on Families Committee, Director Gary Mohr, ODRC, available at www.drc.ohio.gov

² Testimony at Law Enforcement Perspectives on the Drug Epidemic and Its Impact on Families Committee, Director Gary Mohr, ODRC, available at www.drc.ohio.gov

³ Mohr, G. (2014, January 26). No More Prisons. *Toledo Blade*. Retrieved at www.toledoblade.com

⁴ Johnson, A. (2015, January 4). Emergency Early Release of Prisoners is Considered. *The Columbus Dispatch*. Retrieved at www.dispatch.com

⁵ Haney, C. (2003). Mental Health Issues in Long-Term Solitary and "Supermax" Confinement. *Crime & Delinquency*, 49.

⁶ Solitary Watch, retrieved at <http://solitarywatch.com>

⁷ Metzner, J. & Fellner, J. (2010). Solitary Confinement and Mental Illness in U.S. Prisons: A Challenge for Medical Ethics. *Journal of the American Academy of Psychiatry and the Law*, 38

⁸ Correctional Institution Inspection Committee. (May 29, 2014). DRC Mental Health Services. Retrieved from <http://www.ciic.state.oh.us>

Persons with mental illness often “have difficulty complying with strict prison rules, particularly when there is scant assistance to help them manage their disorders...”⁹

In 2007, a federal judge ruled that putting prisoners with mental illness in solitary confinement is “the mental equivalent of putting an asthmatic in a place with little air to breathe.”¹⁰

Ohio routinely places individuals with mental illness in two of the most restrictive prisons in Ohio with little access to treatment and resources to aid rehabilitation. If mental health programming happens, it occurs while in a cage, handcuffed to a table, or alone in their cells in solitary via a televised recording.



In fact, in Ohio’s two most-restrictive prisons, there are more than 450 people who suffer from mental illness.¹¹

Even if they have no prior history of mental illness, prisoners subjected to prolonged isolation have trouble relating to others and suffer from depression and an inability to manage emotions or concentration.¹²

“When I was finally released from the Supermax into general population after almost two years, it was overwhelming. The mere sensations of human contact was harsh on my nerves. I would break into cold sweats and shake. I was overly stimulated and anxious all the time. It was very difficult to concentrate on one thing. Even to this day, I have a very difficult time focusing on

⁹ Solitary Watch. (February 20, 2010). Solitary Confinement Cells Have Become America’s New Asylums. Retrieved from <https://solitarywatch.com>

¹⁰ American Constitution Society. (January 27, 2010). Examining the Cost of Solitary Confinement. Retrieved from www.acslaw.org/acsblog

¹¹ Correctional Institution Inspection Committee. (May 29, 2014). DRC Mental Health Services. Retrieved from <http://www.ciic.state.oh.us>

¹² Haney, C. (2003). Mental Health Issues in Long-Term Solitary and “Supermax” Confinement. *Crime & Delinquency*, 49.

one thing for very long, and I am very easily distracted. The effects of the Supermax reach beyond the confines of its walls and fences.”

“Change is Possible Report,” ACLU of Maine, 2013

Better Alternatives

Some states have undertaken substantial reforms of their solitary confinement practices:

- The Maine Department of Corrections recommended tighter control of the use of solitary, cutting the population in half, limiting the duration of isolation, and increasing programming for inmates¹³.
- Mississippi has revolutionized its use of solitary confinement. In one institution, the state closed the segregation unit entirely while simultaneously reducing violence levels by 70 percent. **Officials estimate that diverting inmates from solitary confinement saves \$8 million annually**¹⁴.

At minimum, Ohio prisons should adopt the American Bar Association’s “Standards for Criminal Justice, Treatment of Prisoners” that calls for appropriate procedures for the use of solitary, limits to time spent in solitary, and ending solitary confinement for people with mental illness.

Listen up Ohio: Stop placing people with mental illness in long-term solitary confinement.

If you or a loved one has been in solitary confinement in Ohio prisons, let the ACLU of Ohio know at www.acluohio.org.

¹³ Tapley, L. (2011, May 25). Reform Comes to the Supermax. *The Portland Phoenix*.

¹⁴ Kupers, T., et al. (2009). Beyond Supermax Administrative Segregation: Mississippi’s Experience Rethinking Prison Classification and Creating Alternative Mental Health Programs. *Criminal Justice & Behavior*, 36